

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094248

**FILED**  
**Mar 28, 2010**  
**Secretary of State**

**Entity Name:** CUT LOOSE HAIR DESIGN LLC

**Current Principal Place of Business:**

4111 NEPTUNE RD  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

4057 13TH STREET  
ST. CLOUD, FL 34769 US

**Current Mailing Address:**

P.O. BOX 700052  
ST. CLOUD, FL 34770 US

**New Mailing Address:**

**FEI Number:** 26-1142624      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODHOUSE, JULIE A  
609 EASTERN AVE  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WOODHOUSE, JULIE A  
**Address:** 609 EASTERN AVE  
**City-St-Zip:** ST. CLOUD, FL 34769 US

**Title:** MGRM  
**Name:** WOODHOUSE, JOHN D  
**Address:** 609 EASTERN AVE  
**City-St-Zip:** ST. CLOUD, FL 34769 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JOHN D WOODHOUSE

MGRM

03/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date